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41226 7590 09/10/2009

**POLLACK, P.C.**  
**THE CHRYSLER BUILDING**  
**132 EAST 43RD STREET, SUITE 760**  
**NEW YORK, NY 10017**

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Grant E. Pollack		(Depositor's name)
<i>Grant E. Pollack</i>		(Signature)
December 10, 2009		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/581,660	06/03/2006	Paolo Dario	1014.1058	3944

TITLE OF INVENTION: ENDOSCOPIC SURGERY DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional YES \$755 \$300 \$0 \$1055 12/10/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
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HORNBURGER, JENNIFER LEA 3734 606-011000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<b>POLLACK, P.C.</b>
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		1
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2
		3
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	01 FC:2501 02 FC:1504 03 FC:8001	755.00 0P 300.00 0P 15.00 0P

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(A) NAME OF ASSIGNEE

MICROTECH S.R.L.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pisa, Italy

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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Authorized Signature

Date December 10, 2009

Typed or printed name

Grant E. Pollack

Registration No. 34,097

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